

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 / 54412

FILING DATE

APPLICANT

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64				2		
15							65				2		
16							66			1			
17							67						
18							68						
19							69						
20							70			1			
21							71						
22							72						
23							73						
24							74				3		
25							75				3		
26							76				3		
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98				2		
49							99				2		
50							100						
TOTAL IND.		↓		↓		↓	TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.		←	52	←		←
TOTAL CLAIMS							TOTAL CLAIMS			60			